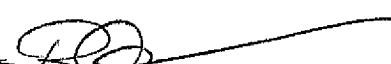
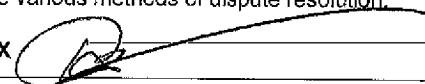


EXHIBIT A

CIVIL ACTION COVER SHEET		DOCKET NUMBER	Trial Court of Massachusetts The Superior Court	
PLAINTIFF(S): JUSTIN QUINN		COUNTY Suffolk		
ADDRESS: Groton, MA		DEFENDANT(S): VICTORIA NYC 1 INC., RX2GO MA INC., ERKIN SATTAROV and DONIYOR SATTAROV		
ATTORNEY: Brant Cassant		ADDRESS:		
ADDRESS: Fair Work, P.C., 192 South Street, Suite 450 Boston, MA 02111				
BBO: 672614				
TYPE OF ACTION AND TRACK DESIGNATION (see reverse side)				
CODE NO. A01	TYPE OF ACTION (specify) Services, Labor & Materials	TRACK F	HAS A JURY CLAIM BEEN MADE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
*If "Other" please describe: _____				
STATEMENT OF DAMAGES PURSUANT TO G.L. c. 212, § 3A				
The following is a full, itemized and detailed statement of the facts on which the undersigned plaintiff or plaintiff counsel relies to determine money damages. For this form, disregard double or treble damage claims; indicate single damages only.				
TORT CLAIMS (attach additional sheets as necessary)				
A. Documented medical expenses to date:				
1. Total hospital expenses \$ _____ 2. Total doctor expenses \$ _____ 3. Total chiropractic expenses \$ _____ 4. Total physical therapy expenses \$ _____ 5. Total other expenses (describe below) \$ _____				
Subtotal (A): \$ _____				
B. Documented lost wages and compensation to date \$ _____				
C. Documented property damages to date \$ _____				
D. Reasonably anticipated future medical and hospital expenses \$ _____				
E. Reasonably anticipated lost wages \$ _____				
F. Other documented items of damages (describe below) \$ _____				
G. Briefly describe plaintiff's injury, including the nature and extent of injury:				
TOTAL (A-F): \$ _____				
CONTRACT CLAIMS (attach additional sheets as necessary)				
Provide a detailed description of claims(s):				
TOTAL: \$ _____ To be determined _____				
Signature of Attorney/Pro Se Plaintiff: X 				
Date: 02/06/2024				
RELATED ACTIONS: Please provide the case number, case name, and county of any related actions pending in the Superior Court.				
CERTIFICATION PURSUANT TO SJC RULE 1:18				
I hereby certify that I have complied with requirements of Rule 5 of the Supreme Judicial Court Uniform Rules on Dispute Resolution (SJC Rule 1:18) requiring that I provide my clients with information about court-connected dispute resolution services and discuss with them the advantages and disadvantages of the various methods of dispute resolution.				
Signature of Attorney of Record: X 				
Date: 02/06/2024				